QUALITY ASSURANCE/RISK MANAGEMENT DOCUMENT

For use of this form, see AR 40-68; the proponent agency is the OTSG.

Prepare this form according to instructions on the reverse side to document events which may have quality assurance/risk management implications involving patients, visitors or other persons.

1. Date of Event	2. Time of Event	3. Location	4. Age	5. Sex	6. ☐ INPATIENT ☐ OUTPATIENT ☐ EMERGENCY ROOM ☐ OTHER *(explain below)*	7. Attending Doctor

8. **DIAGNOSIS(ES)**	9. **POST OP DAY**

	10. **TYPE OF OCCURRENCE/INCIDENT** *(check one only)*		11. **CONDITION AFTER OCCURRENCE**	
	Adverse Drug Reaction *(see instructions)*		**No Apparent Effect**	**Narrative *(optional):***
	AMA/Walkout *(see instructions)*		**Minor Injury or Effect**	
	Blood Transfusion *(see instructions)*		**Signficant Injury or Effect**	
	Equipment		**Death**	
	Fall/Found on Floor *(Prescribed activity level:*)		**Other** *(explain in narrative box)*	

		12. **ACTION TAKEN**	**YES**	**NO**
	Laboratory			
	Medication *(to include IV)*	**Doctor Notified**		
	Pharmacy	**Did Doctor see Patient**		
	Practice/Procedure Variance *(staff)*	**X-Rays ordered/taken**		
	Property Loss or Damage	**Reported to Supervisor/Department Chief**		
	Other *(explain)*	**Laboratory tests ordered/taken**		
		Other *(explain in block 14)*		

13. **WITNESSES** ☐ NONE ☐ Yes *(complete boxes below)*

a. Name(s)	b. Duty Section or Home Address	c. Phone

14. **DESCRIPTION OF EVENT** *(Concise, Factual, Objective Statement)*

If more space is needed, use a continuation sheet.

15. **Name, Grade, Title of Individual Completing Form** *(print)*	16. **Signature**	17. **Date of Report**

18. **PATIENT ID PLATE OR PRINTED NAME AND SSN**

The information placed on this form is confidential and privileged IAW 10 U.S.C. 1102.
UNAUTHORIZED DISCLOSURE CARRIES A $3,000 FINE.
DO NOT FILE OR REFER TO THIS FORM IN PATIENT RECORD. REPORT EVENT TO SUPERVISOR/DEPARTMENT CHIEF IMMEDIATELY.

FOR QA USE ONLY

19. Log Number _____

20. Further analysis indicated NO ☐ YES ☐

INSTRUCTIONS: QUALITY ASSURANCE/RISK MANAGEMENT DOCUMENT

(See paragraph 3-5b, AR 40-68)

1. **PURPOSE:** To provide an effective method of documenting adverse occurrences/incidents to the MTF/DTF Commander. The reported data are used to monitor, evaluate, and improve the quality and safety of patient services delivered.

2. **SCOPE:** This form will be completed by any MTF/DTF employee who discovers an occurrence or incident. All occurrences and incidents should be reported as they happen. An occurrence is any accident or event not consistent with patient care that either did or could result in an injury to a patient. An incident is an event which does not necessarily involve patients, but may be the basis for a complaint, financial liability and/or disciplinary action.

3. **RESPONSIBILITY:** The individual who discovers the occurrence/incident will initiate the document.

4. **DIRECTIONS FOR COMPLETION:**
   a. 1 through 17. Complete all boxes. If "not applicable" or "none", please so state. If "other" is checked in any of the boxes, please explain in space provided in box 14.
   b. 8. List primary and secondary diagnoses as in patient's record and any other contributing diagnoses which may relate to the occurrence or incident.
   c. 9. List post operative day. If not applicable, state N/A.
   d. 10. For adverse drug reaction also complete Form FDA 1839, Adverse Reaction Report (Drugs and Biologics.) For blood transfusion also complete bottom portion of SF 518, Medical Record - Blood or Blood Component Transfusion. For AMA/Walkout also complete DA Form 5009-R, Release Against Medical Advice.
   e. 11. Check appropriate box. If other, explain in narrative box.
   f. 13. List any witnesses to event to include visitors or non-MTF personnel.
   g. 14. Provide an objective, concise and factual description of the event.
   h. 19 and 20. For QA/RM Office use only.

5. **ROUTING OF FORM:** The document should be forwarded through appropriate local channels but as a minimum should be completed and staffed through the Departments/Services concerned within 24 hours post completion and to the MTF/DTF, QA/RM Office, not later than 48 hours after the event.

(for local use)